

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

MACFARLANE FOR CONGRESS

ADDRESS (number and street)

7010 PENFIELD PLACE

Check if different
than previously
reported. (ACC)

PROSPECT

KY

40059

2. FEC IDENTIFICATION NUMBER ▼

C

C00550855

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

KY

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. William Duncan Crosby III

Signature of Treasurer

Mr. William Duncan Crosby III

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

05

09

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 46

Write or Type Committee Name

MACFARLANE FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	44064.67	77373.55
(b) Total Contribution Refunds (from Line 20(d))	0.00	9.53
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	44064.67	77364.02
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	13493.15	15297.66
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	9.53
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	13493.15	15288.13
8. Cash on Hand at Close of Reporting Period (from Line 27).....	62075.89	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 46

Write or Type Committee Name

MACFARLANE FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
01 / 01 / 2014

To:

M M / D D / Y Y Y Y
03 / 31 / 2014

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

40343.17

70859.17

(ii) Unitemized.....

3721.50

6514.38

(iii) TOTAL of contributions from individuals ▶

44064.67

77373.55

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

44064.67

77373.55

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

9.53

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

44064.67

77383.08

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 46

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13493.15	15297.66
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	9.53
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	9.53
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	13493.15	15307.19

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	31504.37
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	44064.67
25. SUBTOTAL (add Line 23 and Line 24).....	75569.04
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13493.15
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	62075.89

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Becky Agostin

Mailing Address 18441 Bridgemore Lane

City

Louisville

State

KY

Zip Code

40245

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2014

Transaction ID : SA11AI.6716

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Joe F. Arterberry

Mailing Address 14 Indian Hills Trl

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Joe F. Arterberry, M.D.Occupation
Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2014

Transaction ID : SA11AI.6700

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Cathy Bailey

Mailing Address 6410 Longview Lane

City

Louisville

State

KY

Zip Code

40222

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Volunteer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2014

Transaction ID : SA11AI.6774

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MACFARLANE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Colleen Best			Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2014		
Mailing Address 400 Chenoweth Ln			Transaction ID : SA11AI.6798		
City	State	Zip Code	Amount of Each Receipt this Period		
Louisville	KY	40207	1000.00		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period		
Name of Employer Self		Occupation Homemaker	1000.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00			
B. Full Name (Last, First, Middle Initial) James Bosler			Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2014		
Mailing Address 8710 Storrington Ct.			Transaction ID : SA11AI.6770		
City	State	Zip Code	Amount of Each Receipt this Period		
Louisville	KY	40222	500.00		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period		
Name of Employer Greater Louisville Internal Medicine P		Occupation Medical Doctor	500.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00			
C. Full Name (Last, First, Middle Initial) Mr. Merv Brandes			Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2014		
Mailing Address 5106 Wolfpen Woods Dr.			Transaction ID : SA11AI.6765		
City	State	Zip Code	Amount of Each Receipt this Period		
Prospect	KY	40059	500.00		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period		
Name of Employer Retired		Occupation Retired	500.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 700.00			
SUBTOTAL of Receipts This Page (optional).....			2000.00		
TOTAL This Period (last page this line number only).....					

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mrs. DeAnna Lynn Brangers

Mailing Address 11716 Saratoga Woods Court

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

224.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		11		2014

Transaction ID : SA11AI.6569

Amount of Each Receipt this Period

31.78

Paper for mailers

Full Name (Last, First, Middle Initial)

Mrs. DeAnna Lynn Brangers

Mailing Address 11716 Saratoga Woods Court

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

270.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		14		2014

Transaction ID : SA11AI.6571

Amount of Each Receipt this Period

46.00

Stamps

Full Name (Last, First, Middle Initial)

Mrs. DeAnna Lynn Brangers

Mailing Address 11716 Saratoga Woods Court

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

316.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		14		2014

Transaction ID : SA11AI.6572

Amount of Each Receipt this Period

46.00

Stamps

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

123.78

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mrs. DeAnna Lynn Brangers

Mailing Address 11716 Saratoga Woods Court

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

362.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		14		2014

Transaction ID : SA11AI.6574

Amount of Each Receipt this Period

46.00

Stamps

A.

Full Name (Last, First, Middle Initial)

Mrs. DeAnna Lynn Brangers

Mailing Address 11716 Saratoga Woods Court

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

408.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2014

Transaction ID : SA11AI.6573

Amount of Each Receipt this Period

46.00

Stamps

B.

Full Name (Last, First, Middle Initial)

Mrs. DeAnna Lynn Brangers

Mailing Address 11716 Saratoga Woods Court

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

454.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2014

Transaction ID : SA11AI.6575

Amount of Each Receipt this Period

46.00

Stamps

C.

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

138.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mrs. DeAnna Lynn Brangers

Mailing Address 11716 Saratoga Woods Court

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2014

Transaction ID : SA11AI.6576

Amount of Each Receipt this Period

46.00

Stamps

Full Name (Last, First, Middle Initial)

Mrs. DeAnna Lynn Brangers

Mailing Address 11716 Saratoga Woods Court

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

549.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2014

Transaction ID : SA11AI.6570

Amount of Each Receipt this Period

49.00

Stamps

Full Name (Last, First, Middle Initial)

Mrs. DeAnna Lynn Brangers

Mailing Address 11716 Saratoga Woods Court

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

647.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2014

Transaction ID : SA11AI.6886

Amount of Each Receipt this Period

98.00

Stamps

SUBTOTAL of Receipts This Page (optional).....

193.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mrs. DeAnna Lynn Brangers

Mailing Address 11716 Saratoga Woods Court

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

696.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2014

Transaction ID : SA11AI.6885

Amount of Each Receipt this Period

49.00

Stamps

Full Name (Last, First, Middle Initial)

Mrs. DeAnna Lynn Brangers

Mailing Address 11716 Saratoga Woods Court

City

Louisville

State

KY

Zip Code

40299

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

819.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2014

Transaction ID : SA11AI.6884

Amount of Each Receipt this Period

122.50

Stamps

Full Name (Last, First, Middle Initial)

Diane Buchart

Mailing Address 520 Fairfield Drive

City

Louisville

State

KY

Zip Code

40206

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2014

Transaction ID : SA11AI.6761

Amount of Each Receipt this Period

250.00

Stamps

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

421.50

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Frank Burns

Mailing Address 301 Pepperbush Rd

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2014

Transaction ID : SA11AI.6718

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

William Cooper Buschmeyer

Mailing Address 511 Briar Hill Rd

City

Louisville

State

KY

Zip Code

40206

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2014

Transaction ID : SA11AI.6784

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Mrs. Artha R Buschmeyer

Mailing Address 511 Briar Hill Road

City

Louisville

State

KY

Zip Code

40206

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2014

Transaction ID : SA11AI.6554

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mr. Naveed Chowhan

Mailing Address 4812 RIVER RD.

City

Louisville

State

KY

Zip Code

40222

FEC ID number of contributing
federal political committee.

C

Name of Employer

AHN

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Transaction ID : SA11AI.6514

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Eileen Cooke Brown

Mailing Address 5208 Avish Ln

City

Louisville

State

KY

Zip Code

40241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Housewife

Occupation

Housewife

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		20		2014

Transaction ID : SA11AI.6776

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

R. Corell

Mailing Address 416 Mockingbird Hill Road

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information requested

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Transaction ID : SA11AI.6523

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4350.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Larry Cox

Mailing Address 2006 Croghan House Drive

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2014

Transaction ID : SA11AI.6752

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Janet Cuthrell

Mailing Address 1009 Majestic Oaks Way

City

Simpsonville

State

KY

Zip Code

40067

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

266.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2014

Transaction ID : SA11AI.6878

Amount of Each Receipt this Period

266.89

Invitations for Agostin event

Full Name (Last, First, Middle Initial)

C. Eric Davis

Mailing Address 133 South Third St #502

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information requestedOccupation
Physician/Surgeon

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2014

Transaction ID : SA11AI.6568

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1516.89

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

William B. Decker

A.

Mailing Address 1024 Bardstown Trail

City

Waddy

State

KY

Zip Code

40076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cisco

Occupation

Sales

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2014

Transaction ID : SA11AI.6525

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Shaista Deshmukh

B.

Mailing Address 1418 Pear Orchard Rd

City

Elizabethtown

State

KY

Zip Code

42701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2014

Transaction ID : SA11AI.6720

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Angela Deweese

C.

Mailing Address 6206 GLEN HILL RD

City

Louisville

State

KY

Zip Code

40222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2014

Transaction ID : SA11AI.6755

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Bob DeWeese

Mailing Address 6206 Glen Hill Road

City

Louisville

State

KY

Zip Code

40222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Commonwealth of Kentucky

Occupation

State Representative

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		19		2014

Transaction ID : SA11AI.6753

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David Doering

Mailing Address 11700 Owl Creek Ln

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information requested

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Transaction ID : SA11AI.6517

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ann Dreisbach

Mailing Address 703 Cherokee Woods Rd

City

Louisville

State

KY

Zip Code

40206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Whitehouse Residential & Commercial Pa

Occupation

Partner

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		20		2014

Transaction ID : SA11AI.6786

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Moises Dreszr

Mailing Address 1533 Sylvan Way

City

Louisville

State

KY

Zip Code

40205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatric & Neonatal Specialists PSC

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		26		2014

Transaction ID : SA11AI.6543

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Donald Evans

Mailing Address 3001 Sunnyside Dr

City

Louisville

State

KY

Zip Code

40206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		20		2014

Transaction ID : SA11AI.6788

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

David Ferguson

Mailing Address 102 Blankenbaker Ln.

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

3DR Labs

Occupation

Businessman

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Transaction ID : SA11AI.6794

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mrs. Jean Folkerth

Mailing Address 538 Rimini Rd.

City

Del Mar

State

CA

Zip Code

92014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tri-City Hospital

Occupation

Nurse

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		23		2014

Transaction ID : SA11AI.6560

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Bob Gable

Mailing Address 1715 Stonehaven Dr

City

Frankfort

State

KY

Zip Code

40601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		20		2014

Transaction ID : SA11AI.6760

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Chris Godfrey

Mailing Address 115 Pebblestone Way

City

Elizabethtown

State

KY

Zip Code

42701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Drs. Godfrey and Eklund

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Transaction ID : SA11AI.6796

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Joyce Godfrey

Mailing Address 914 W Dixie Ave

Ste 304

City

Elizabethtown

State

KY

Zip Code

42701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2014

Transaction ID : SA11AI.6729

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

Diller Groff

Mailing Address 5405 Indian Woods Dr

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2014

Transaction ID : SA11AI.6733

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Dr. Eli R Hallal

Mailing Address 1964 State St

Ste 100

City

New Albany

State

IN

Zip Code

47150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2014

Transaction ID : SA11AI.6825

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Connie Harrison

Mailing Address 14208 Wakefield PI

City

Louisville

State

KY

Zip Code

40245

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2014

Transaction ID : SA11AI.6727

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Steve Harrison

Mailing Address 14208 Wakefield PI

City

Louisville

State

KY

Zip Code

40245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harrison RealtorsOccupation
Broker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2014

Transaction ID : SA11AI.6725

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Charles Hebel

Mailing Address 5806 Orion Road

City

Louisville

State

KY

Zip Code

40222

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2014

Transaction ID : SA11AI.6744

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

1000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Hal Heiner

A.

Mailing Address 15101 Piercy Mill Road

City

Louisville

State

KY

Zip Code

40245

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capstone Realty

Occupation

Real Estate

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2014

Transaction ID : SA11AI.6780

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

David P Heintzman

B.

Mailing Address 3019 Poppy Way

City

Louisville

State

KY

Zip Code

40206

FEC ID number of contributing
federal political committee.

C

Name of Employer

CEO

Occupation

Stock Yards Bank

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2014

Transaction ID : SA11AI.6782

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Pamela M. Holbrook

C.

Mailing Address 1220 Forest Trail Place

City

Louisville

State

KY

Zip Code

40245

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2014

Transaction ID : SA11AI.6553

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Barbara Lee Hood

A.

Mailing Address 5802 Creighton Hill Rd

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information requestedOccupation
Information requested

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		20		2014

Transaction ID : SA11AI.6779

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

David Jones

B.

Mailing Address 471 W Main Street / Ste 203

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired/CEO Humana

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		14		2014

Transaction ID : SA11AI.6746

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Whitney F. Jones

C.

Mailing Address 767 Greenridge Ln

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Gastroent. Assoc.Occupation
Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		22		2014

Transaction ID : SA11AI.6697

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Whitney F. Jones

A.

Mailing Address 767 Greenridge Ln

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Gastroent. Assoc.

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2014

Transaction ID : SA11Al.6747

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Alexis Karageorge

B.

Mailing Address 9902 Arterburn Woods Dr

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2014

Transaction ID : SA11Al.6777

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

E. Ramsey Kraft

C.

Mailing Address 4200 Maryknoll Lane

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nanz & Kraft Florist

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2014

Transaction ID : SA11Al.6540

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Michael Macfarlane

A.

Mailing Address 7010 Penfield Place

City

Prospect

State

KY

Zip Code

40059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Urology Care, LLC

Occupation

Physician/Surgeon

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

570.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		06		2014

Transaction ID : SA11AI.6578

Amount of Each Receipt this Period

500.00

Filing fee to KY Sec'y of State

Full Name (Last, First, Middle Initial)

Kathryn Marshall

B.

Mailing Address 2327 Delor Ave

City

Louisville

State

KY

Zip Code

40217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information requested

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2014

Transaction ID : SA11AI.6522

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Terry McCurry

C.

Mailing Address 3901 Springbrooke Cove

City

Louisville

State

KY

Zip Code

40241

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Surgical Assoc.

Occupation

Physician/Surgeon

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2014

Transaction ID : SA11AI.6562

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 24 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mr. Holland N. McTyeire IV

Mailing Address 3201 Mockingbird Ln

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senior Vice PresidentOccupation
Commonwealth Bank And Trust Co

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2014

Transaction ID : SA11AI.6749

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

Anne T. Milliman

Mailing Address 1412 Mockingbird Valley Green

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tonini's Church Supply Co.Occupation
Sales

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2014

Transaction ID : SA11AI.6559

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

Mary Monroe

Mailing Address 3512 Hughes Rd

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Urology Care, LLCOccupation
Nurse

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2014

Transaction ID : SA11AI.6713

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2550.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 25 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Fitzhugh Mullins

Mailing Address 4314 Glenview Ave

City

Glenview

State

KY

Zip Code

40025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Physician/Surgeon

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : SA11AI.6551

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

Lynn Ogden

Mailing Address 3703 Ten Broeck Way

City

Louisville

State

KY

Zip Code

40241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : SA11AI.6717

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Jane Orient

Mailing Address 5171 E. Peach St.

City

Tucson

State

AZ

Zip Code

85712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jane Orient

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		31		2014

Transaction ID : SA11AI.6531

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 26 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Dr. Paul J. Ostertag

Mailing Address 5808 Orion Rd

City

Louisville

State

KY

Zip Code

40222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hosparus

Occupation

Doctor

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		21		2014

Transaction ID : SA11AI.6529

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Tracy Ragland

Mailing Address 1506 Mahogany Run Dr.

City

La Grange

State

KY

Zip Code

40031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		31		2014

Transaction ID : SA11AI.6557

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Michael R. Ransdell

Mailing Address 1009 Doric Cir

City

Louisville

State

KY

Zip Code

40205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Artist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		09		2014

Transaction ID : SA11AI.6515

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 27 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Tom Reichard

A.

Mailing Address 2425 Cherokee Pkwy

City

Louisville

State

KY

Zip Code

40204

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2014

Transaction ID : SA11AI.6792

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Jack Richardson

B.

Mailing Address 824 Green Willow Way

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2014

Transaction ID : SA11AI.6773

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Dan Santos

C.

Mailing Address 1000 Alta Vista Rd

City

Louisville

State

KY

Zip Code

40205

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York LifeOccupation
Insurance Sales

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2014

Transaction ID : SA11AI.6767

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 28 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Deborah D. Skidmore

A.

Mailing Address 12031 Running Creek Rd.

City

Louisville

State

KY

Zip Code

40243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information requestedOccupation
Information requested

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		11		2014

Transaction ID : SA11AI.6518

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Charlie Smith

B.

Mailing Address 2109 Starmont Rd.

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : SA11AI.6549

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Mollie Smith

C.

Mailing Address 4908 Clovernook Road

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Volunteer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		13		2014

Transaction ID : SA11AI.6737

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 29 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

James Solley

Mailing Address 3103 Brownsboro Vista Dr

City

Louisville

State

KY

Zip Code

40242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Executive Assistant

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2014

Transaction ID : SA11AI.6707

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

James Sublett

Mailing Address 11406 Ridge Rd

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Allergy & Asthma

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2014

Transaction ID : SA11AI.6804

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Huey Tien

Mailing Address 3633 Woodside Rd

City

Louisville

State

KY

Zip Code

40222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kleinert Kutz Hand Care Center

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2014

Transaction ID : SA11AI.6751

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 30 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Dr. Paul Tipton

Mailing Address 159 Westwind Rd

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Podiatrist

Occupation

Paul Tipton PSC

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2014

Transaction ID : SA11AI.6769

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Aaron Micah Tufts

Mailing Address 1514 Woodluck Ave

City

Louisville

State

KY

Zip Code

40205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hazelwood Baptist Church

Occupation

Student/Youth Pastor

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2014

Transaction ID : SA11AI.6731

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. S.G. Tyler

Mailing Address 12108 Locust Ln

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer
USC

Occupation

Insurance

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2014

Transaction ID : SA11AI.6790

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

900.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 31 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Corazon Veza

A.

Mailing Address 791 Bates Rd

City

Elizabethtown

State

KY

Zip Code

42701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2014

Transaction ID : SA11AI.6722

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Will Ward

B.

Mailing Address 5801 Orion Rd

City

Louisville

State

KY

Zip Code

40222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norton CMAOccupation
Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2014

Transaction ID : SA11AI.6758

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Dr. Fred A. Williams

C.

Mailing Address 430 Twinbrook Rd

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Endocrine and Diabetes AssocOccupation
Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2014

Transaction ID : SA11AI.6526

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MACFARLANE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Russell Williams		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2014	
Mailing Address 3416 Glenview Ave		Transaction ID : SA11AI.6764	
City Louisville	State KY	Zip Code 40222	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Surgeon		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
B. Full Name (Last, First, Middle Initial) Thomas Zehnder		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2014	
Mailing Address 508 Fairlawn Rd		Transaction ID : SA11AI.6711	
City Louisville	State KY	Zip Code 40207	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Teacher	Occupation Trinity High School		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
SUBTOTAL of Receipts This Page (optional).....		1250.00	
TOTAL This Period (last page this line number only).....		40343.17	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 46

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Aaron MarketingMailing Address 246 Salisbury Square
#102City State Zip Code
Louisville KY 40207Purpose of Disbursement
Printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		05		2014

Amount of Each Disbursement this Period

676.90

Transaction ID : SB17.6843

B. Joel Adams

Mailing Address 4256 Evans-Jacobi Rd

City State Zip Code
Georgetown IN 47122Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		24		2014

Amount of Each Disbursement this Period

1082.47

Transaction ID : SB17.6841

c. Joel Adams

Mailing Address 4256 Evans-Jacobi Rd

City State Zip Code
Georgetown IN 47122Purpose of Disbursement
Reimbursement for copies and name tag

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

21.11

Transaction ID : SB17.6837

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1780.48

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 46

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Joel Adams

Mailing Address 4256 Evans-Jacobi Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		10		2014

City	State	Zip Code
Georgetown	IN	47122

Purpose of Disbursement
Salary

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

1082.49

Transaction ID : SB17.6842

Full Name (Last, First, Middle Initial)

B. Joel Adams

Mailing Address 4256 Evans-Jacobi Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		12		2014

City	State	Zip Code
Georgetown	IN	47122

Purpose of Disbursement
Reimbursement for office supplies and parking

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

95.78

Transaction ID : SB17.6838

Full Name (Last, First, Middle Initial)

C. Joel Adams

Mailing Address 4256 Evans-Jacobi Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

City	State	Zip Code
Georgetown	IN	47122

Purpose of Disbursement
Salary

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

1227.47

Transaction ID : SB17.6845

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2405.74

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Joel Adams

Mailing Address 4256 Evans-Jacobi Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
Georgetown	IN	47122

Purpose of Disbursement
Salary

001

Amount of Each Disbursement this Period

1644.89

Transaction ID : SB17.6862

Candidate Name

MACFARLANE FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: KY

District: 03

Full Name (Last, First, Middle Initial)

B. Admiral Printing, Inc.

Mailing Address 16302 Shelbyville Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		27		2014

City	State	Zip Code
Louisville	KY	40245

Purpose of Disbursement
Invitations for Agostin event (paid by Janet Cuthrell)

003

Amount of Each Disbursement this Period

266.89

Transaction ID : SB17.6880

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 4801 Olympia Park Plaza

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		13		2014

City	State	Zip Code
Louisville	KY	40241

Purpose of Disbursement
Tax withholding for Joel Adams salary

001

Amount of Each Disbursement this Period

456.82

Transaction ID : SB17.6854

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2368.60

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 4801 Olympia Park Plaza

City	State	Zip Code
Louisville	KY	40241

Purpose of Disbursement
Payroll processing fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		21		2014

Amount of Each Disbursement this Period

68.60

Transaction ID : SB17.6855

B. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 4801 Olympia Park Plaza

City	State	Zip Code
Louisville	KY	40241

Purpose of Disbursement
Tax withholding for Joel Adams salary

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		27		2014

Amount of Each Disbursement this Period

456.80

Transaction ID : SB17.6856

C. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 4801 Olympia Park Plaza

City	State	Zip Code
Louisville	KY	40241

Purpose of Disbursement
Tax withholding for Joel Adams salary

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		27		2014

Amount of Each Disbursement this Period

42.92

Transaction ID : SB17.6857

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

568.32

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 46

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 4801 Olympia Park Plaza

City	State	Zip Code
Louisville	KY	40241

Purpose of Disbursement
Payroll processing fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		07		2014

Amount of Each Disbursement this Period

57.60

Transaction ID : SB17.6858

B. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 4801 Olympia Park Plaza

City	State	Zip Code
Louisville	KY	40241

Purpose of Disbursement
Tax withholding for Joel Adams payroll

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		13		2014

Amount of Each Disbursement this Period

534.16

Transaction ID : SB17.6859

C. ADP

Full Name (Last, First, Middle Initial)

Mailing Address 4801 Olympia Park Plaza

City	State	Zip Code
Louisville	KY	40241

Purpose of Disbursement
Tax withholding for Joel Adams salary

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		13		2014

Amount of Each Disbursement this Period

24.56

Transaction ID : SB17.6860

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

616.32

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 OF 46

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 4801 Olympia Park Plaza

City State Zip Code
Louisville KY 40241

Purpose of Disbursement
Payroll processing services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 21 / 2014

Amount of Each Disbursement this Period

114.60

Transaction ID : SB17.6861

B. ADP

Mailing Address 4801 Olympia Park Plaza

City State Zip Code
Louisville KY 40241

Purpose of Disbursement
Tax withholding for Joel Adams salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2014

Amount of Each Disbursement this Period

698.24

Transaction ID : SB17.6863

C. ADP

Mailing Address 4801 Olympia Park Plaza

City State Zip Code
Louisville KY 40241

Purpose of Disbursement
Tax withholding for Joel Adams salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2014

Amount of Each Disbursement this Period

32.67

Transaction ID : SB17.6864

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

845.51

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 46

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Commonwealth of Kentucky

Mailing Address 140 Walnut Street

City	State	Zip Code
Frankfort	KY	40601

Purpose of Disbursement
Filing fee to Sec'y of State

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		16		2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.6682

B. Deluxe

Full Name (Last, First, Middle Initial)

Mailing Address 3680 Victoria Street North

City	State	Zip Code
Shoreview	MN	55126

Purpose of Disbursement
Checks, deposit slips, check stamper, check binder

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		10		2014

Amount of Each Disbursement this Period

277.14

Transaction ID : SB17.6691

C. Mike Nemes for State House

Full Name (Last, First, Middle Initial)

Mailing Address 209 Sandy Drive

City	State	Zip Code
Shepherdsville	KY	40165

Purpose of Disbursement
Contribution to attend event

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2014

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.6870

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1027.14

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Outreach Local MarketingMailing Address 1445 E. Los Angeles Ave
Ste 301DCity State Zip Code
Simi Valley CA 93065Purpose of Disbursement
Website design services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

750.00

Transaction ID : SB17.6850

B. Printing Services II

Mailing Address P.O. Box 4073

City State Zip Code
Jeffersonville IN 47131Purpose of Disbursement
Letterhead, envelopes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		10		2014

Amount of Each Disbursement this Period

1128.90

Transaction ID : SB17.6692

c. Printing Services II

Mailing Address P.O. Box 4073

City State Zip Code
Jeffersonville IN 47131Purpose of Disbursement
Donation envelopes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		13		2014

Amount of Each Disbursement this Period

516.06

Transaction ID : SB17.6693

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2394.96

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Printing Services II

Mailing Address P.O. Box 4073

City	State	Zip Code
Jeffersonville	IN	47131

Purpose of Disbursement
Letterhead

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 13 / 2014

Amount of Each Disbursement this Period

196.10

Transaction ID : SB17.6694**B. Printing Services II**

Mailing Address P.O. Box 4073

City	State	Zip Code
Jeffersonville	IN	47131

Purpose of Disbursement
Labels

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 17 / 2014

Amount of Each Disbursement this Period

124.02

Transaction ID : SB17.6847**c. Printing Services II**

Mailing Address P.O. Box 4073

City	State	Zip Code
Jeffersonville	IN	47131

Purpose of Disbursement
Campaign banners

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2014

Amount of Each Disbursement this Period

251.22

Transaction ID : SB17.6848**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

571.34

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Stripe

Mailing Address 3180 18th St

City	State	Zip Code
San Francisco	CA	94110

Purpose of Disbursement
Credit card processing fee

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		05		2014

Amount of Each Disbursement this Period

7.55

Transaction ID : SB17.6831

B. Stripe

Full Name (Last, First, Middle Initial)

Mailing Address 3180 18th St

City	State	Zip Code
San Francisco	CA	94110

Purpose of Disbursement
Credit card processing fee

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		22		2014

Amount of Each Disbursement this Period

29.30

Transaction ID : SB17.6832

c. Stripe

Full Name (Last, First, Middle Initial)

Mailing Address 3180 18th St

City	State	Zip Code
San Francisco	CA	94110

Purpose of Disbursement
Credit card processing fee

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		07		2014

Amount of Each Disbursement this Period

1.03

Transaction ID : SB17.6833

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

37.88

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Stripe

Mailing Address 3180 18th St

City	State	Zip Code
San Francisco	CA	94110

Purpose of Disbursement
Credit card processing fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		25		2014

Amount of Each Disbursement this Period

14.80

Transaction ID : SB17.6834

B. US Postal Service

Mailing Address 3801 Billtown Rd

City	State	Zip Code
Louisville	KY	40299

Purpose of Disbursement
StampsCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		14		2014

Amount of Each Disbursement this Period

46.00

Transaction ID : SB17.6688

c. US Postal Service

Mailing Address 3801 Billtown Rd

City	State	Zip Code
Louisville	KY	40299

Purpose of Disbursement
StampsCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		14		2014

Amount of Each Disbursement this Period

46.00

Transaction ID : SB17.6689

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

106.80

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 46

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address 3801 Billtown Rd

City	State	Zip Code
Louisville	KY	40299

Purpose of Disbursement
Stamps

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		20		2014

Amount of Each Disbursement this Period

46.00

Transaction ID : SB17.6685

B. US Postal Service

Mailing Address 3801 Billtown Rd

City	State	Zip Code
Louisville	KY	40299

Purpose of Disbursement
Stamps

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		20		2014

Amount of Each Disbursement this Period

46.00

Transaction ID : SB17.6686

c. US Postal Service

Mailing Address 3801 Billtown Rd

City	State	Zip Code
Louisville	KY	40299

Purpose of Disbursement
Stamps

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		20		2014

Amount of Each Disbursement this Period

46.00

Transaction ID : SB17.6687

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

138.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 46

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MACFARLANE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address 3801 Billtown Rd

City	State	Zip Code
Louisville	KY	40299

Purpose of Disbursement
Stamps

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
01 / 27 / 2014

Amount of Each Disbursement this Period

49.00

Transaction ID : SB17.6684

B. US Postal Service

Mailing Address 3801 Billtown Rd

City	State	Zip Code
Louisville	KY	40299

Purpose of Disbursement
Stamps - purchased by DeAnna Brangers

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
01 / 30 / 2014

Amount of Each Disbursement this Period

98.00

Transaction ID : SB17.6881

c. US Postal Service

Mailing Address 3801 Billtown Rd

City	State	Zip Code
Louisville	KY	40299

Purpose of Disbursement
Stamps - purchased by DeAnna Brangers

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
02 / 04 / 2014

Amount of Each Disbursement this Period

49.00

Transaction ID : SB17.6882

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

196.00

